

## WELLNESS COORDINATION

### **Service Definition:**

Wellness Coordination Services means the development, maintenance and routine monitoring of the waiver participant's Wellness Coordination Plan and the medical services required to manage his/her health care needs.

Wellness Coordination services extend beyond those services provided through routine doctor/health care visits required under the Medicaid State Plan and are specifically designed for participants requiring assistance of an RN/LPN to properly coordinate their medical needs.

Tier I: Health care needs require at least weekly\* consultation/review with RN/LPN including face to face visits once a month

Tier II: Health care needs require at least weekly consultation/review with RN/LPN including face to face visits at least twice monthly.

Tier III: Health care needs require at least twice weekly consultation/review with RN/LPN including face to face visits once a week

\*Weekly – a calendar week (Sunday – Saturday)

**Conditions and Requirements:** Necessity for Wellness Coordination services will typically be reserved for participants assessed with health scores of 5 or higher through the State's objective based allocation process. Participants assessed with health scores of 0-4 would not require assistance of an RN/LPN to coordinate medical needs. As medical events occur and/or a participant's medical needs change, the Individualized Support Team is expected to obtain reassessment for potential revision to the health score and to ensure utilization of the appropriate tier of services.

### **REIMBURSABLE ACTIVITIES:**

Coordination of Wellness Services by the RN/LPN provider must include, but is not limited to the following:

- Completion of the State-approved risk assessment tool
- Development, oversight and maintenance of a Wellness Coordination plan
- Development, oversight and maintenance of the Risk Plan which includes: Training of Direct Support Professionals to ensure implementation of Risk Plans
- Consultation with the individual's health care providers
- Face to face consultations with the individual as described in the support plan
- Consultation with the individual's support team
- Active involvement at all team meetings, reporting on the Wellness Coordination plan as it relates to the individual's full array of services as listed in the ISP.

#### **Limitations:**

##### Activities Not Allowed

Reimbursement for Wellness Coordination Services is not available under the following circumstances:

- The individual does not require Wellness Coordination services
- Wellness Coordination services are not specified in the Individualized Support Plan
- Wellness Coordination services may not be provided by a provider of waiver funded Case Management services
- Residential, vocational, and/or educational services otherwise provided under other Supported Living services cannot be billed as Wellness Coordination services
- Services furnished to a minor by a parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse

#### **Service Standards:**

*(Service Standards do not appear in the waiver but appear in DDRS HCBS Waiver Provider Manual)*

Reimbursement is available for Wellness Coordination Services when the following circumstances are present:

- The participant requires assistance in coordinating medical needs beyond what can be provided through routine doctor/health care visits.
- Wellness Coordination Services are specifically included in the participant's

individualized support plan

**Documentation Standards** (*Documentation Standards do not appear in the waiver but do appear in the DDRS HCBS Waiver Provider Manual*)

Wellness Coordination services documentation standards are as follows:

- Wellness Coordination services must be documented in agency files.
- Weekly consultations/reviews.
- Face-to-face visits with the individual.
- Other activities, as appropriate.
- Services must address needs identified in the person centered planning process and be outlined in the Individualized Support Plan.
- The provider of Wellness Coordination will provide a written report to pertinent parties at least quarterly. "Pertinent parties" includes the individual, guardian, BDDS service coordinator, and waiver Case Manager.

**Provider Category**

DDRS will allow both "Agency" and "Individual" provider types

**Provider Type:**

DDRS Approved Wellness Coordination Agencies and/or Individuals (*requires two separate sets of qualifications, one for agencies and one for individuals*)

**Provider Qualifications:**

**Licensure:** Be either a registered nurse (RN) or a licensed practical nurse (LPN) under IC 25-23-1 working under the supervision of an RN

**Certificate:**  
n/a

**Other Standard:**

Must be enrolled as an active Medicaid provider

Must be FSSA/DDRS-approved

Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:

460 IAC 6-10-5 Criminal Histories,

460 IAC 6-12 Insurance,  
460 IAC 6-11 Financial Status of Providers,  
460 IAC 6-14-5 Direct Care Staff Qualifications,  
460 IAC 6-14-4 Staff Training,  
460 IAC 6-5-14 Health Care Coordination Services\*\* provider qualifications

\*\*noting that Wellness Coordination is referred to as Health Care Coordination within 460 IAC 6 Must comply with any applicable FSSA/BDDS service standards, guidelines, policies and/or manuals, including FSSA/DDRS Waiver Manual and FSSA/DDRS BDDS Policy Manual

Nurses rendering waiver funded services must obtain/maintain Indiana licensure

### **Verification of Provider Qualifications**

#### **Entity Responsible for Verification:**

Initially, BDDS. For Re-approval, BDDS or BQIS.

#### **Frequency of Verification:**

Up to 3 years.